T-115 P.002

F-914

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AMENDMENT TRANSMITTAL FORM

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Alexandria, VA 22313-1450

Customer No.: 23696 Attorney Docket No.: 010085 In Re Application of: Mohseni, et al.

Serial Number: 09/973,249 Filed: 10/18/01

Examiner: Nguyen Ngo Group Art Unit: 2663

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JAN 1 7 2006

| Den bit: | Dear | Sir: |
|----------|------|------|
|----------|------|------|

| CLAIMS After Amendment Chaims C | | | | | | |
|---|---|--|--|---------------|--|------------|
| Independent** 4 5 x \$200 = \$0 Multiple Dependent Claim(s): Yes No \$360 \$ EXTENSION FEES | CLAIMS | Remaining After | Number Previously Paid | Extra | Large Entity Fee | Fee Paid |
| Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Sides No \$360 \$ Multiple No \$360 \$ Multiple Dependent Sides No \$360 \$ Multiple No \$360 \$ Multiple Dependent Sides No \$360 \$ Multiple No | Total* | 18 | 39 | | x \$50= | \$0 |
| PXTENSION FEES One Month \$120 \$120 \$120 PXTENSION FEES Two Months \$450 \$ Three Months \$1020 \$ TERMINAL DISCLAIMER \$130 \$ TOTAL FEE \$120 TOTAL FEE \$120 *If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$120 *If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$120 TOTAL FEE \$120 The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. Example 10 Authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: 1/17/06 Signature: George C. Pappas, Reg. No. 35,065 QUALCOMM Incorporated Attn: Patent Department \$775 Marchouse Drive San Diego, California 92121-1714 Telephone: (858) 658-5787 | Independent** | 4 | 5 | | x \$200= | \$0 |
| EXTENSION FEES Two Months \$450 \$ Three Months \$1020 \$ TERMINAL DISCLAIMER \$130 \$ "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$120 4. Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. 5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: 1/17/06 Signature: George C. Pappas, Reg. No. 35,065 858-651-1306 QUALCOMM Incorporated Atn: Patent Department S775 Morchouse Drive San Diego, California 92121-1714 Telephone: (858) 658-5787 | Multiple Depend | ient Claim(s): | Yes No | | \$360 | \$ |
| Three Months \$1020 \$ TERMINAL DISCLAIMER \$130 \$ *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column and or caterious and/or extension fees. *If the number in column and/or extension fees. *If the num | | | × | One Month | \$120 | \$120 |
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| *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. 4. Fee check in the amount of is enclosed to pay for any claim and/or extension fees. 5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: 1/17/06 Signature: George C. Pappas, Reg. No. 35,065 858-651-1306 Attn: Patent Department 5775 Morehouse Drive San Diego, California 92121-1714 Telephone: (858) 658-5787 | | | | Three Months | \$1020 | S |
| ##If the number in column a is less than 3, enter 0 in column c. 4. Fee check in the amount of is enclosed to pay for any claim and/or extension fees. 5. Please charge Deposit Account No. 17-0026 of QUALCOMM incorporated the amount of \$120. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: 1/17/06 Signature: George C. Pappas, Reg. No. 35,065 QUALCOMM Incorporated Attn: Patent Department 5775 Morchouse Drive San Diego, California 92121-1714 Telephone: (858) 658-5787 | | TERMINAL I | DISCLAIMER | | \$130 | \$ |
| 4. ☐ Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. 5. ☐ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. 6. ☐ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: 1/17/06 Signature: George C. Pappas, Reg. No. 35,065 QUALCOMM Incorporated Attn: Patent Department 5775 Morchouse Drive San Diego, California 92121-1714 Telephone: (858) 658-5787 | "If the number in co | lumn a is less than 20, e | nter O in column c. nter O in column c. | | TOTAL FEE | \$120 |
| FBESIUME. 1030/ V30*L3VL | Jul. 111770 | | | | ~ | Jew V |
| | Attn: Patent Deps 5775 Morehouse ! San Diego, Califo Telephone: | arment Drive ornia 92121-1714 (858) 658-5787 (858) 658-2502 | ATE OF MAIL | | George C. Pappas, Reg. N 858-651-1306 | No. 35,065 |
| I hereby certify that this correspondence is, on the date shown below, being: | Ann: Patent Depi 5775 Morchouse San Diego, Califo Telephone: Facsimile: | arment Drive ornia 92121-1714 (858) 658-5787 (858) 658-2502 CERTIFIC | | ING/TRANSMISS | 858-651-1306 SION (37 CFR 1.8(a)) | No. 35,065 |
| I hereby certify that this correspondence is, on the date shown below, being: MAILING FACSIMILE | Ann: Patent Depi 5775 Morchouse San Diego, Califo Telephone: Facsimile: | arment Drive braia 92121-1714 (858) 658-5787 (858) 658-2502 CERTIFIC hat this corresponde | | ING/TRANSMISS | 858-651-1306 SION (37 CFR 1.8(a)) ing: | No. 35,065 |

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5775 Morehouse Drive, San Diego, California 92121-2779 (858) 587-1121 Fax: (858) 658-2502

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Facsimile Transmittal

DATE:

January 17, 2006

TO:

USPTO

ATTN:

AMENDMENT

RE:

Serial No. 09/973,249

FAX:

571-273-8300

FROM:

George C. Pappas

Number of Pages Sent: 12 (including this transmittal cover sheet)

ATTACRED HERETO PLEASE FIND AN AMENDMENT IN PAGES; TRANSMITTAL FORM (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, on:

1/17/06

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Darla D. Kasmedo

(Name of the Person Making the I)

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PATENT

| IN THE UNITED STATES PA | TENT AND T | RADEMARK OFFICE |
|--|------------------|---|
| In Re Application of |) | |
| Mohseni, et al. |) | SYSTEM, METHOD AND APPARATUS FOR FRACTIONAL DELAY |
| Serial No. 09/973,249 |)) | |
| Filed: October 18, 2001 |) Group No. | 2663 |
| AM | ENDMENT | |
| Mail Stop Amendment | | |
| Commissioner for Patents | | |
| P.O. Box 1450 Alexandria, VA 22313-1450 | | |
| Moralitin, VII EESIS-1130 | | |
| Dear Sir: | | |
| In response to the Office Action da | ited September | 28, 2005, please amend the above- |
| identified application as follows. Applicant | t through his at | ttorney respectfully requests that the |
| three-month statutory period for response | due December | 28, 2005, please extended one (1) |
| month to January 28, 2006. Please charg | ge Deposit Ac | count No. 17-0026 the amount of |
| \$120.00 to pay the necessary fee due. | | |

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Date: 1/17/06

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transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Daria Kasmedo

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Signature:

01/19/2006 EFLORES 00000025 170026 09973249

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